Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966444	A. BUILDING: _____ B. WING _____	07/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANGDON HALL OF BRADENTON	1120 33 AVENUE WEST BRADENTON, FL 34205

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (complaint number: 2021006855 and 2021008499) and a generator monitoring were conducted at Langdon Hall of Bradenton on . Deficiencies were identified at the time of survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

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A 025	Continued From page 1 resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the Facility failed to provide appropriate supervision to meet the needs of residents residing in the Facility's memory care unit which included an awareness of residents' health, safety, and wellbeing. Furthermore, they failed to maintain residents' record with health care changes for four Residents (#1, #2, #4, and #5) of four sampled residents. Findings Included: A review of the memory care unit's communication log, conducted on	A 025		

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A 025	Continued From page 2 revealed that: - On , Resident #1 "is out of control today"; "she calling names and trying to hit me but I'm not going to take this from no body"; "you all have to do something about this"; "she's the problem to she be starting to" reported by Staff C. - On , Resident #1 was still aggressive and agitated and did not eat dinner reported by Staff E. - On , Resident #1 was hitting Resident #4 and when the employee told Resident #1 to stop, the resident kept saying things to Resident #4 reported by Staff B. - On , Resident #1 was very agitated and aggressive and hit Resident #5 in the and kicked her reported by Staff E. A review of incident reports, for Resident #1, conducted on , revealed that Resident #1 had sustained a left on when Resident #2 pushed her down after a verbal altercation continued and turned physical. Resident #1 had sustained a black , from an unknown cause and there was no evidence that Resident 1's health care provider or responsible party were notified. There was no incident report to review when Resident #1 hit Resident #4 on . There was no incident report to review when Resident #1 hit Resident #5 in the on . There was no evidence that Resident #4 or #5's primary care providers or responsible parties were notified. There were no intervention measures implemented to prevent Resident #1 from hitting, kicking, or pushing other residents and staff. There was no evidence that the Facility provided additional care staff to assist Resident #1 with their aggressive and agitated behaviors. A record review for Resident #1, conducted on	A 025		

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A 025	Continued From page 3 , revealed that according to Resident #1's health assessment form dated , the resident had and . Resident #1 required assistance with ambulation, bathing, , grooming, toileting, and transferring. Resident #1 required daily oversight for wellbeing and whereabouts and medication administration. Page 5 of the health assessment was blank. There was no documentation in the resident's record from when she sustained a left when Resident #2 pushed her down. There was no documentation in Resident #1's record when she hit Resident #4 on . There was no documentation in Resident #1's record when she hit Resident #5 in the on . There was no documentation in Resident #1's record when she sustained a black , from an unknown cause on . Resident #1 was admitted into the Facility on . A record review for Resident #4, conducted on , revealed that according to Resident #4's health assessment form dated , the resident had a , , and had , . Resident #4 was independent with all activities of daily living and required daily oversight for wellbeing and whereabouts. Page five of the health assessment was blank. There was no documentation in the resident's record that she was hit by Resident #1 on . Resident #4 was admitted into the Facility on . During an attempt to review in-services provided to staff regarding reacting or de-escalating behaviors there were no in-services to review. A review of employee records for Staff C,	A 025		

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A 025	Continued From page 4 conducted on . . . . . , revealed that Staff C did not have evidence of training's for . . . . . and related . . . . . , activities of daily living and behavioral needs, or resident rights and recognizing and reporting . . . . . , neglect, or . training's. During an interview with Staff C, conducted on . . . . . at 03:15pm, Staff C stated that management never provided extra staff when Resident #1 was combative and hitting, kicking, punching, aggressive, or agitated. During an interview with the Administrator, conducted on . . . . . at 04:36pm, the Administrator stated that the Director of Resident Care was to check the communication logs every day. The Administrator stated that if there were any incidents or issues, those were to be discussed in the daily standup meetings. The Administrator stated that there had been no recent reports of Residents hitting or kicking staff or other residents, aggressive, agitated, or not eating their dinner, which included specifically Residents #1, #4, and #5. The Administrator agreed that the Director of Resident Care was not attending to issues in the communication log and stated that she would develop a new policy. The Administrator stated that she had not received any new incident reports for the month of . . . . . Agreed that the Facility was not following their incident reporting policy and procedures and stated that the staff were to start the incident reports and place them in the Director of Resident Care's mailbox and if it were after hours the staff were supposed to call the Director of Resident Care and the Administrator. The Administrator agreed that Residents #1, #2, #4, and #5's records were not updated with changes in condition and injuries sustained.	A 025		

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A 025	Continued From page 5 Class III	A 025		
A 053 SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and chapter 483, part I, F.S. A valid copy of the State Clinical Laboratory License, if required, and the federal CLIA Certificate must be maintained in the facility. A state license or federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment.	A 053		

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A 053	Continued From page 6 Information about the State Clinical Laboratory License and federal CLIA Certificate is available from the Laboratory Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to provide a licensed nurse to administer medications to one Residents (#1) of one sampled resident that required medication administration. Findings Included: A record review for Resident #1, conducted on , revealed that Resident #1's health assessment dated stated that the resident required medication administration. Resident #1's Medication Observation Records (MORs) for had medications signed as given to the resident by unlicensed Medication Technicians from through . Resident #1's record contained an order from her primary care provider dated that stated that the "patient is unable to self-administer medications due to limitations". During an interview with the Director of Resident Care, conducted on at 03:25pm, the Director of Resident Care stated that the Facility did not employ licensed nurses to administer medications and agreed that the medications that were signed as given to Resident #1's on her MORs were unlicensed Medication Technicians. During an interview with the Administrator, conducted on at 04:26pm, the	A 053		

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A 053	Continued From page 7 Administrator agreed that the Facility did not employ licensed nurses to administer medications to residents. The Administrator agreed that the unlicensed Medication Technicians were giving Resident #1 her medications. Class III	A 053		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1)Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION.	A 081		

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A 081	Continued From page 8 (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers	A 081		

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A 081	Continued From page 9 the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , ... The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response	A 081		

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A 081	Continued From page 10 policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to provide direct care staff with the required in-service training's, which included a two-hours pre-service orientation prior to contact with residents and training's for activities of daily living and behavioral needs, resident rights and recognizing and reporting , neglect, and , and incident reporting within thirty days of employment for two employees (Staff A and C) of four sampled employees. Findings Included: A record review for Staff A, conducted on , revealed that Staff C's employee record did not contain evidence that the employee had attended a two-hour pre-service orientation prior to contact with residents or training's on activities of daily living and behavioral needs, resident rights and recognizing and reporting , neglect, and , , or incident reporting within thirty days of employment. Staff A was hired on . A record review for Staff C, conducted on , revealed that Staff C's employee record did not contain evidence that the employee had attended training's for activities of daily living and behavioral needs or resident rights and recognizing and reporting , neglect, and , within thirty days of employment. Staff C was hired on . During an interview with the Administrator,	A 081		

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A 081	Continued From page 11 conducted on [redacted] at 01:04pm, the Administrator agreed that Staff A did not have evidence of attending training's for a two-hours pre-service orientation or incident reporting. The Administrator agreed that neither Staff A nor Staff C had evidence of attending training's on activities of daily living and behavioral needs or resident rights and recognizing and reporting [redacted], neglect, [redacted]. Class III	A 081		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) [redacted] AND RELATED [redacted] ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between [redacted] and [redacted] shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled "[redacted] and Related [redacted] Level I Training," must address the following subject areas: 1. Understanding [redacted]'s [redacted] and related [redacted];	A 086		

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A 086	Continued From page 12 2. Characteristics of . . . . . ; 3. Communicating with residents with 's . . . . . ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility . and Related . . . . . Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related . . . . Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related . Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with . 's . . . . . and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.	A 086		

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A 086	Continued From page 13 (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or 2. Three years of practical experience in a program providing care to persons with or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching	A 086		

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	AL11966444	A. BUILDING: _____ B. WING _____	07/21/2021

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A 086	Continued From page 14 experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to provide employees with 's and related level one, level two training's and failed to have direct care staff obtain 4-hours of 's training updates annually for four employees (Administrator and Staff A, B, and C) of four sampled employees. Findings Included: A record review for the Administrator and Staff A, B, and C, conducted on , revealed that the Administrator and Staff A, B, and C did not have evidence that they had obtained a 4-hours education on 's and related level one training within three months of employment. Staff B did not have evidence that she had obtained 4-hours and related level two training within nine months of employment or 4-hours of training updates annually as required. The Administrator was hired on . Staff A was hired on . Staff B was hired on . Staff C was hired on . During an interview with the Administrator, conducted on at 01:04pm, the Administrator agreed that herself, Staff A, B, and C did not have evidence that they had obtained 4-hours and related level one training within three months of employment. The Administrator agreed that Staff B did not have evidence that she had obtained 4-hours and related	A 086		

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A 086	Continued From page 15 . . . . . level two training within nine months of employment or 4-hours of training updates annually as required. Class III	A 086		
A 165 SS=D	429.23(&) FS; 59A-36.016 FAC Risk Mgmt & QA; Adverse Incident Report 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident ' s condition and results in: 1. . . . . ; 2. or , damage; 3. Permanent . . . . . ; 4. or . . . . . of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the	A 165		

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A 165	Continued From page 16 resident ' s condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency ' s online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency ' s online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility ' s investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and	A 165		

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A 165	Continued From page 17	A 165		

determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.
(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.
(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.
(10) The agency may adopt rules necessary to administer this section.

59A-36.016 Adverse Incident Report.
(1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to rule 59A-35.110, F.A.C., which requires online reporting.
(2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1), above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to rule 59A-35.110, F.A.C., which requires online reporting.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the Facility failed to submit to the Agency for Health Care Administration a one- and fifteen-day Adverse

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A 165	Continued From page 18 Incident Report detailing the results of the Facility's investigation into the adverse incident for one Resident (#1) of one sampled resident that sustained a bone and required transport to an acute care facility. Findings Included: A record review for Resident #1, conducted on , revealed that there was no documentation in Resident #1's record regarding the incident when Resident #2 pushed Resident #1 down and Resident #1 sustained a to a bone in her left . During a review of the in-house incident report for Resident #1, conducted on , revealed that Resident #1 was pushed down by Resident #2 on . Resident #1 was sent to the emergency department at the local hospital via a call to 911. The in-house incident report stated that this incident was an Adverse Incident Report on page one. During a review of the Hospital visit report for resident #1's visit, conducted on , revealed that Resident #1 sustained a to a bone in her left . During an attempt to review Adverse Incident Reports submitted to the Agency for Health Care Administration on or around , conducted on , revealed that there was none to review. During an interview with the Administrator, conducted on at 04:36pm, the Administrator was unable to provide evidence that the Facility submitted a one- and fifteen-day Adverse Incident Report to the Agency for Health	A 165		

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A 165	Continued From page 19 Care Administration when Resident #1 sustained a to a bone in her left . Class III	A 165		
CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's , to the Federal Bureau of Investigation for a national criminal history record check unless the person's , , are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the , , of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit , , electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the , to the Federal Bureau of Investigation for a national criminal history record check. The , shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state	CZ816		

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and national criminal history records checks required by level 2 screening may be borne by the licensee or the person [illegible]. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:
(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;
(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and
(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.

435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:
(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if [illegible] for any of the disqualifying offenses while employed by the employer.

59A-35.090 Background Screening.
(2) Processing Screening Requests, Required Documents and Fees.
(d) An Attestation of Compliance with Background

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CZ816	Continued From page 21 Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to , , to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S.	CZ816		

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CZ816	Continued From page 22 This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to ensure that every employee signed an Attestation of Compliance with Background Screening Requirements, for one employee (Staff A) of four sampled employees. Findings Included: A record review for Staff A, conducted on . . . . . , revealed that Staff A did not have a signed Attestation of Compliance in her employee record. Staff A was hired on . . . . . . During an interview with the Administrator, conducted on at 01:04pm, the Administrator agreed that Staff A's record did not contain a signed Attestation of Compliance. Unclassified	CZ816		